

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name

Local Agency Formation Commission of Santa Clara County

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Emmanuel Abello, LAFCO Clerk

Area Code/Phone Number

408/299-6415

E-mail

emmanuel@abello@ceo.sccgov.org

Page 1 of 1

Date Posted:

March 4, 2014

(Month, Day, Year)

California
Form 806

For Official Use Only

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	<p>▶ Name <u>Hall, Sequoia</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
Finance Committee	<p>▶ Name <u>Khamis, Johnny</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
Finance Committee	<p>▶ Name <u>Abe-Koga, Margaret</u> (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ <u>02 / 05 / 14</u> Appt Date</p> <p>▶ <u>1 year</u> Length of Term</p>	<p>▶ Per Meeting: \$ <u>100.00</u></p> <p>▶ Estimated Annual:</p> <p><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>
	<p>▶ Name _____ (Last, First)</p> <p>Alternate, if any _____ (Last, First)</p>	<p>▶ _____ Appt Date</p> <p>▶ _____ Length of Term</p>	<p>▶ Per Meeting: \$ _____</p> <p>▶ Estimated Annual:</p> <p><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000</p> <p><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other _____</p>

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.


Signature of Agency Head or Designee

Neelima Palacherla

Print Name

LAFCO Executive Officer

Title

March 4, 2014

(Month, Day, Year)

Comment: _____

FPPC Form 806 (5/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)